

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4/25/10

Address: 150 N 600 E

Case #: 13F75156

Knox, IN

County: Starke

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Vehicle  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: Vehicle  
☒ Water Reactive Metal (Lithium): Vehicle  
☒ Anhydrous Ammonia: Vehicle  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: Vehicle  
☒ Corrosive Base: Vehicle  
☒ Other (item and location): Ammonium Sulfate, Vehicle

## **Child under age 18 discovered** (check one)

- ☐ Yes 0 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: Vehicle stop

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: Knox VFD

Fax: e-mailed

Health Department: Starke County HD

Fax: (574) 772-8035

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trp. Andrew Cochran Phone 574-546-4900

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.